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Over the last three to four years, the Military Health Service System (MHSS) has been testing the waters of the managed care environment both through legislatively directed demonstration projects and internal initiatives. Experience with the transition into this civilianized form of healthcare practice has revealed that many of the skills necessary for survival in the civilian marketplace are skills which military healthcare administrators have had little opportunity to develop. The author has surveyed each of the Catchment Area Management (CAM) demonstration projects and extracted lessons learned, synthesizing them into skill sets necessary for survival in the realm of coordinated care. The insights obtained through review of these "lessons learned" may prove quite useful for those about to begin the transition to the managed care environment.

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THE COORDINATED CARE MANAGEMENT SKILL COMPLEX

A Graduate Management Project

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Health Administration

by

Major Victor C. Eilenfield, MS

24 July 1992

RUNNING HEAD: Coordinated Care

ABSTRACT

Over the last three to four years, the Military Health Service System has been testing the waters of the managed care environment both through legislatively directed demonstration projects and internal initiatives. Experience with the transition into this civilianized form of healthcare practice has revealed that many of the skills necessary for survival in the civilian marketplace are skills which military healthcare administrators have had little opportunity to develop. The author has surveyed each of the Catchment Area Management (CAM) projects and extracted lessons learned, synthesizing them into skill sets necessary for survival in the realm of coordinated care. The insights obtained through review of these "lessons learned" may prove quite useful for those about to begin the transition to the managed care environment.

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Introduction

Conditions Which Prompted the Study

Over the last several years, Congress has directed the Department of Defense (DoD) to conduct within its healthcare setting, a number of demonstration projects. These projects have among their goals the containment of rising costs within the Military Health Service System (MHSS).

Similar attempts to constrain rising healthcare costs within federal healthcare programs have been observed following the enactment of Medicare and Medicaid legislation in 1965. Initial efforts to control rising costs in Medicare included subsidization of Health Maintenance Organizations (HMO), implementation of a prospective payment system (PPS), the establishment of professional standards review organizations (PSRO) and, later, peer review organizations (PRO). The reaction of the military to demonstration project legislation has been to attempt to duplicate many of the cost containing features which have enacted by civilian institutions in response to "cost-control" legislation.

One of the major demonstrations was that of the Catchment Area Management (CAM) projects. Under this demonstration, hospital commanders were given full responsibility for the cost of healthcare not only

within their hospitals, but throughout their entire catchment area (a geographic area around each military hospital defined roughly as a forty mile radius and including a specific set of zip codes). Commensurate with this great responsibility, the commanders were given control over the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) funds which had been used to purchase care for CHAMPUS eligible beneficiaries within their catchment area from civilian providers and facilities (Health Affairs, 1987).

Explicit guidance was given to commanders to control costs and restrain, if not actually contain, the growth of healthcare costs within their catchment areas. The implications were clear - commanders would have to adopt much stronger cost control and other management mechanisms while maintaining quality and access. The shape of these evolving demonstration projects took on an appearance similar to that of civilian HMOs or Preferred Provider Organizations (PPO).

As the military's demonstration sites undertook the task of developing their managed care plans (later to be termed coordinated care plans), they found they lacked familiarity with the fundamental aspects of developing and maintaining managed care operations. Similarly, a recent Congressional Research Service

(CRS, 1991) report concluded that "...local commanders will need substantial training to interface with civilian providers in competitive health care environments." (p. 24).

The Congressional Budget Office's study of CAM demonstrations (CBO, 1991) concluded that a number of weaknesses were observed in the early CAM projects. Among these were weaknesses in the area of network development, absence of dis-incentives to control inappropriate utilization of health services, failure to review providers' practice patterns as a criteria for placement into the network, absence of criteria to identify inefficient providers, absence of appropriate review of military and partnership providers for inefficient practice patterns, suboptimal negotiating methods in developing reimbursement schedules for network providers, and an apparent inability to reduce the flow of referrals to specialists. Given these criticisms of our early efforts in developing a managed care system, it becomes evident that future managers might benefit from an analysis of their educational needs regarding the skills required to establish and operate managed care plans.

The U.S. Army plans to initiate coordinated care programs in more than 30 of their health care facilities by 1 October 1993. These coordinated care

programs, called Gateway to Care (GTC) programs, operate in much the same fashion as the CAM demonstration projects which preceded them. With such a great number of sites moving quickly toward managed care operations, it behooves the services to assure that adequate training is provided the individuals who will manage these programs on a day to day basis.

Problem Statement

Contemporary Military Health Service System (MHSS) Medical Treatment Facility (MTF) managers have noted educational and experiential shortcomings in fielding coordinated care initiatives. While these managers may be performing well under the circumstances, such shortcomings may result in suboptimal outcomes in relation to quality, access and cost of the MHSS.

Review of the Literature

It would not be prudent to initiate the military's managed care experience through a process of trial and error or through the slow evolutionary process undertaken in the civilian sector over the last 20 years. Rather, it seems reasonable that we learn from the experiences of both our civilian counterparts and recent DoD coordinated care initiatives, taking the most successful methodologies for providing care in a

managed care environment and adapting them to military healthcare applications.

In order to develop the educational and experiential norms for successful managed care operations in the civilian healthcare setting, I have surveyed the managed care literature for the essential building blocks of managed care programs. The premise upon which this study is based is that these building blocks or key principles for civilian managed care are equivalent to the areas in which military coordinated care managers will need education and experience in order to be able to effectively manage our future coordinated care programs.

The nine principles of managed care which have been derived from this review include: strategic management, marketing, utilization management, quality assurance, financial management, health care/contract negotiations, behavior: health care providers and consumers, information systems, and network development. Each of these nine essential components will be discussed briefly.

Strategic Management

The importance of strategic management in the managed care setting is pointed out by a number of authors (Bensky, 1990; Berry & Pavia, 1991; and Melnick, Zwanziger & Verity-Guerra, 1989). These

authors highlight the importance of the process of strategic management over that of the strategic plan, focusing on such concepts as commitment to a corporate vision which Berry and Pavia (1991) state comes from a sense of ownership which is derived from participation.

Similarly, in the corporate headquarters of Kaiser-Permanente's Mid-Atlantic Region, Ginger Keller, the Manager of Analytic and Strategic Services, stated that the process of consensus building so essential to building the strategic plan was a far more valuable output of strategic planning than the "hard copy" which was to follow (personal communication, July 15, 1992).

Marketing

In Ross' evaluation of HMOs (cited in Fox & Heinen, 1987), it was determined that the singular most important factor in determining an HMO's success was market acceptance. In their independent study of eight successful HMOs, Fox and Heinen reached similar conclusions stating that successful HMOs exhibit a particularly strong commitment toward developing an acceptance in the marketplace.

Market acceptance also appears to be a determinant in a managed care organization's ability to achieve negotiated discounts on care (Melnick, Zwanziger & Verity-Guerra, 1989). Markets new to the managed care concept are particularly difficult to gain a foothold

in. Gaining the health care consumers' acceptance of managed healthcare also plays a role in achieving market acceptability. Andrews, Curbow, Owen and Burke (1989) found that different segments of the population may require different communication strategies in overcoming their resistance toward participation in the managed health care market.

Utilization Management

Utilization management has often been billed as one of the tenets of coordinated care. Fox and Heinen (1987) in their study of patterns of success in HMOs concluded that "Ultimate success is contingent upon establishing effective control over utilization." (p. 244). One author (Becker, 1990), goes so far as to equate managed care with utilization review in his article entitled Managed Care is Utilization Review. While I think few would accept this narrow definition of managed care, it does serve to highlight the importance of utilization management within managed care organizations.

In interviews with managed care plan directors of hospitals, Johnson (1991) identified utilization review as one of the key principles of managed care and emphasized the necessity of developing information systems which can effectively track this utilization. Langwell's (1990) review of HMO structure and

performance found that with increasingly tighter forms of managed care organization, i.e., PPOs, HMOs, and Medicare at-risk HMOs, that the prevalence of physician profiling increased from 23 to 44 to 59 percent, respectively. (Physician profiling typically consists of monitoring physicians' performance relative to the number of bed days, referrals or ancillary tests they request per specified number of patients.) This may indicate that as more of the risk for cost is shifted to the health care organization, the more important it becomes to have accurate utilization data on individual provider performance.

Quality Assurance

Some have suggested that as managed care plans increase restrictions on their enrollees' autonomy of choice in method of accessing healthcare, the plan becomes morally obligated to insure that the highest reasonable quality of care is provided.

This responsibility was recognized as early as 1973 with HMO Act legislation as Sobczak, Chaillet, Bradford and Makleff (1991) point out. This HMO enabling legislation required that all HMOs seeking federal funding have quality assurance programs which included peer review and even stressed health outcomes. These authors go on to suggest a number of trends in quality measurement in the HMO industry including the

development of practice guidelines, adoption of quality management principles from outside the health care field, and stronger emphasis on outcomes research.

In conducting a review of clinical practice guidelines in HMOs, Frieden (1991) found that the rate at which physicians inoculated a recommended group of enrollees with the flu vaccine increased from 24 to 40 percent after the issuance of practice guidelines for the flu vaccine. This compliance rate improved to 60 percent when physicians were provided feedback on their performance on this guideline relative to that of their peers.

Quality of care has even been enhanced through the analysis of claims data in the managed care setting. Humbert (1991) reported that one business firm assessed single provider performance through claims data research on its employees. Having identified a number or clinical interventions on which there was a wide degree of variation, the company initiated a quality improvement process with the hospitals and physicians from whom it contracted care.

Financial Management

Berry and Pavia (1991) state that the level of financial analysis in managed care organizations may far exceed that required of operating a single, stand-alone hospitals. Among these additional concerns are

the demographics of the region in which the managed care entity intends to operate. Axene (1991) points out that these demographic factors are a strong determinant of healthcare utilization.

A number of authors warn of the dangers of not having complete cost data before entering into negotiations regarding the pricing of services (Johnson, 1991; and Berger & Abendshien, 1992). Hospitals' ability to shift costs among payors has allowed them to proceed without accurate data as to the true costs of their services. However, the managed care organization's typical requirement to community rate precludes them from being able to shift costs as easily, thus identification of true costs becomes a task of paramount importance.

Despite the fiscal differences between managed care organizations and stand-alone hospitals, Hansen (1991) warns that HMOs should continue to pursue collections from coordination of benefits, workmen's compensation, and third party liability. Similarly, Kenkel (1992) concludes that constraining the costs of administrative overhead also contributes to the success of managed care organizations just as it would with stand-alone hospitals.

Healthcare/Contract Negotiating

Wagner (1991) stresses the importance of the negotiations process in managed care plans as "...the results of negotiations--the terms of [the plan's] agreements with providers--largely determine whether the plan can compete successfully in the marketplace." (p. 125). He further emphasizes a negotiations process aligned with the organization's strategic goals and based on principled negotiations which emphasize long-term, positive relationships with contracted providers.

A key component of successful managed care strategies identified by Johnson (1991) was the ability to negotiate contract rates that both cover costs and minimize financial risks. Essential to establishing solid relations with the contracted group is assuring this risk is as balanced as possible - contractors should not be required to shoulder an unbalanced share of risk, particularly for clinical risks which are beyond their ability to control.

Behavior: Health Care Provider and Consumer

Although managed care has been around for decades, its penetration into many medical marketplaces continues to be somewhat limited. Further penetration in the marketplace is constrained to a large extent by ingrained behavior patterns among both providers and consumers of healthcare. Key to expanding managed care

enterprises is our ability to overcome this resistance to change in the Nation's normative health care process.

Providers

Eisenberg (1986) suggests that in order to encourage physicians to practice more efficiently we must first understand a number of factors which influence their decision-making. He found in his studies that "Practice patterns are profoundly influenced by physicians' desires for income, their personal characteristics, their desired practice styles, and the influence of peers and practice settings...." (p. 57).

O'Gara (1992) suggests that physicians will tend to avoid healthcare agreements which require them to assume risk, reduce their control over clinical matters (protocol requirements), or require excessive administrative work. Understanding their viewpoints and educating providers on the necessity and nature of some of these controls may go a long way toward integrating physicians more effectively into the managed care environment. The key, O'Gara says, to overcoming this resistance to change is to involve the providers as an integral part of the process of developing these standards and protocols. Other authors have noted methods of involving physicians in

the process of planning for a more efficient system of delivering care (Fox & Heinen, 1987; Barger, Hillman, & Garland, 1985; McCurren, 1991; and Hillman, Welch & Pauly, 1992).

Consumers

Understanding when and why consumers seek health care may also aid in improving the efficiency of managed care systems. Humbert (1991) reported that a number of companies have elected to involve their employees more directly in the patient care process. Their view is that the more involved the employees become in the process, the more cognizant they are of the associated costs. Some of these companies have developed such initiatives as advise nurse telephone lines and patient "self-help" medical reference booklets.

Information Systems

Few subject matter areas come up so strongly and consistently in the literature as the managed care tenet relating to the effective use of information systems (Boland, 1991; Eskow, 1991; Barger, Hillman, & Garland, 1985; Frieden, 1991; Humbert, 1991; Melnick, Zwanziger, and Verity-Guerra, 1989; Aronow, 1988; and Banks, Palmer, Berwick, & Plsek, 1990).

Boland (1991) states that "Intelligent information is the key resource of delivery systems in the 1990s."

(p. 441). He goes on to state that data from typical utilization review processes must be incorporated with claims-based data to highlight true opportunities for enhancing the efficiency of health care processes. A number of authors support the concept of using claims-based data, a systems intensive process, to analyze clinical patterns on a broad scale (Frieden, 1991; Humbert, 1991).

Network Development

Boland (1991) states that "The single biggest obstacle to long-term cost management is the inability to select and motivate the right doctors for panel membership." (p. 166). He suggests that selecting efficient providers is essentially a process of physician profiling - an information intensive process. The process of physician profiling requires large volumes of detailed claims data using clinically coded (ICD-9 or CPT) information which is often available from the claims payor's information systems.

Boland's assessment seems to echo the sentiment of the Congressional Budget Office (CBO, 1991) in their evaluation of the CAM demonstrations. The CBO pointed out a number of weaknesses both in the development of networks and in the MHSS' inability to identify efficient providers.

Summary of Literature Review

The bulk of literature available regarding the operations of managed care organizations suggests a fair amount of data is available for us to build a relatively stable set of assumptions about successful managed care organizations. If we integrate these "lessons learned" into our training programs and our operational directives for coordinated care, the MHSS is destined for a successful outcome to its managed care initiatives.

Purpose of the Study

The purpose of this study is to identify the educational and experiential requirements for military healthcare managers who are preparing to make the transition into the managed care/coordinated care arena.

Method and Procedures

Subjects

Given the large pool of coordinated care demonstrations and great differences in the structures of these projects, a single group of similar demonstration projects was chosen as the unit of analysis. The selected group of projects consisted of the Catchment Area Management (CAM) demonstrations.

Each of these five projects evolved from a single directive originating from the Assistant Secretary of Defense (Health Affairs) (henceforth referred to as Health Affairs) and thus form a rather consistent group of demonstrations. The CAM demonstrations also share many common features with Health Affairs' newly developed Coordinated Care Plan (CCP) which is the "blueprint" for the MHSS' future approach to managed care.

Another benefit to the use of the CAM demonstrations is that each of the services has at least one CAM site allowing for greater generalization to future coordinated care plans. The five CAM demonstration projects include the Army CAMs at Ft. Carson, Colorado and Ft. Sill, Oklahoma; the Air Force CAMs at Luke and Williams Air Force Bases (AFB), Arizona and Bergstrom AFB, Texas; and the Navy CAM at Charleston, South Carolina.

The individuals surveyed at the CAM sites to determine the necessary skills for the successful implementation and management of coordinated care programs were the CAM project officers. The selection of the CAM project officers was made as these individuals are required to manage the full range of coordinated care issues on a daily basis and function as supervisors to a staff of specialists with more

singular areas of expertise. Such a pool of respondents should best be able to identify the full range of education and experience required to implement and manage coordinated care programs.

Survey Development

Following an assessment of the available literature on components of successful managed care programs, a survey was constructed from key managed care principles suggested in the literature base. This survey is located at appendix A. These "managed care principles" are assumed to be equivalent in nature to the subject matter areas in which MHSS coordinated care managers will need to develop skills in order to make an effective transition into the environment of managed care.

Validation of the survey was conducted by a panel of six managed care subject matter experts. These experts all work with managed care projects within the Department of Defense on a routine basis and are assigned to the Directorates of Coordinated Care Policy, Support, and Operations within the office of the Assistant Secretary of Defense (Health Affairs). Further comments were received on the draft survey instrument from the staff of the tri-service coordinated care project, TriCare, in Norfolk, Virginia. A number of refinements were made to the

survey following its review by the validation panel.

The survey was pretested by an officer who had previously served as a CAM project officer. Following receipt of this officer's comments, the survey was refined further.

The survey used a combination of objective and subjective questions. This format gave structure for interpretation while allowing the latitude for individuals to respond both to open-ended questions and to frame their own questions if they liked.

Procedure

Initial telephonic contact was made with each of the five CAM site project officers. All five project officers agreed to participate in the study. The survey was later mailed out to each of these officers who returned their responses for analysis. In addition to completing the survey, each officer also completed a short demographic assessment of their CAM site. This assessment helped build a frame of reference for interpreting responses to the survey.

Results

Survey Data

Objective Responses

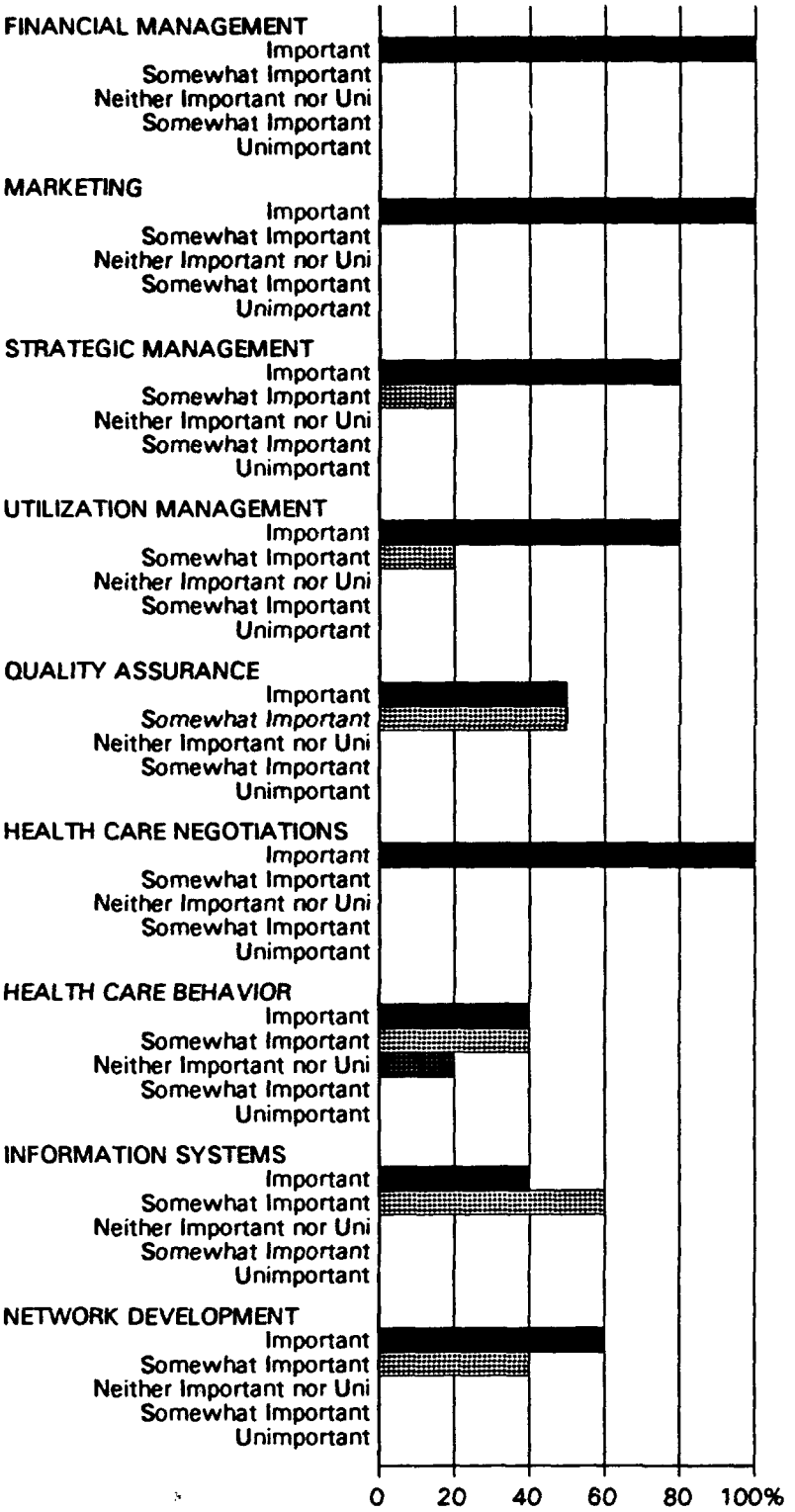
As can be seen at Appendix A, a repetitive set of five questions was asked of each of the nine education/experience areas. These responses are summarized at appendix B. Questions A through D in each of these nine areas required objective responses from the survey participants. These objective responses will be discussed first.

The first question addressed how important CAM project officers felt a given topic area should have been in their CAM demonstration project (See Figure 1). This question serves two key purposes. First, it allows further validation as to whether the literature review produced managed care principles which are perceived to be important in the MHSS. The question also serves to create a baseline for the interpretation of the second question which addressed how important each topic area actually was to a given CAM project.

On the five-point, Likert-type scale ranging from important to unimportant, 100 percent of respondents rated three subject areas important. These areas included financial management, marketing, and contract/health care negotiation. The role of strategic management and utilization management were

Figure 1

How Important Managed Care Principles Should Have Been



Note: Percentages on 5 forms.

IDENTIFIES HOW IMPORTANT THE PROJECT OFFICERS FELT A PARTICULAR SKILL SHOULD BE IN THE DEVELOPMENT AND OPERATIONS OF THEIR CATCHMENT AREA MANAGEMENT PROJECTS.

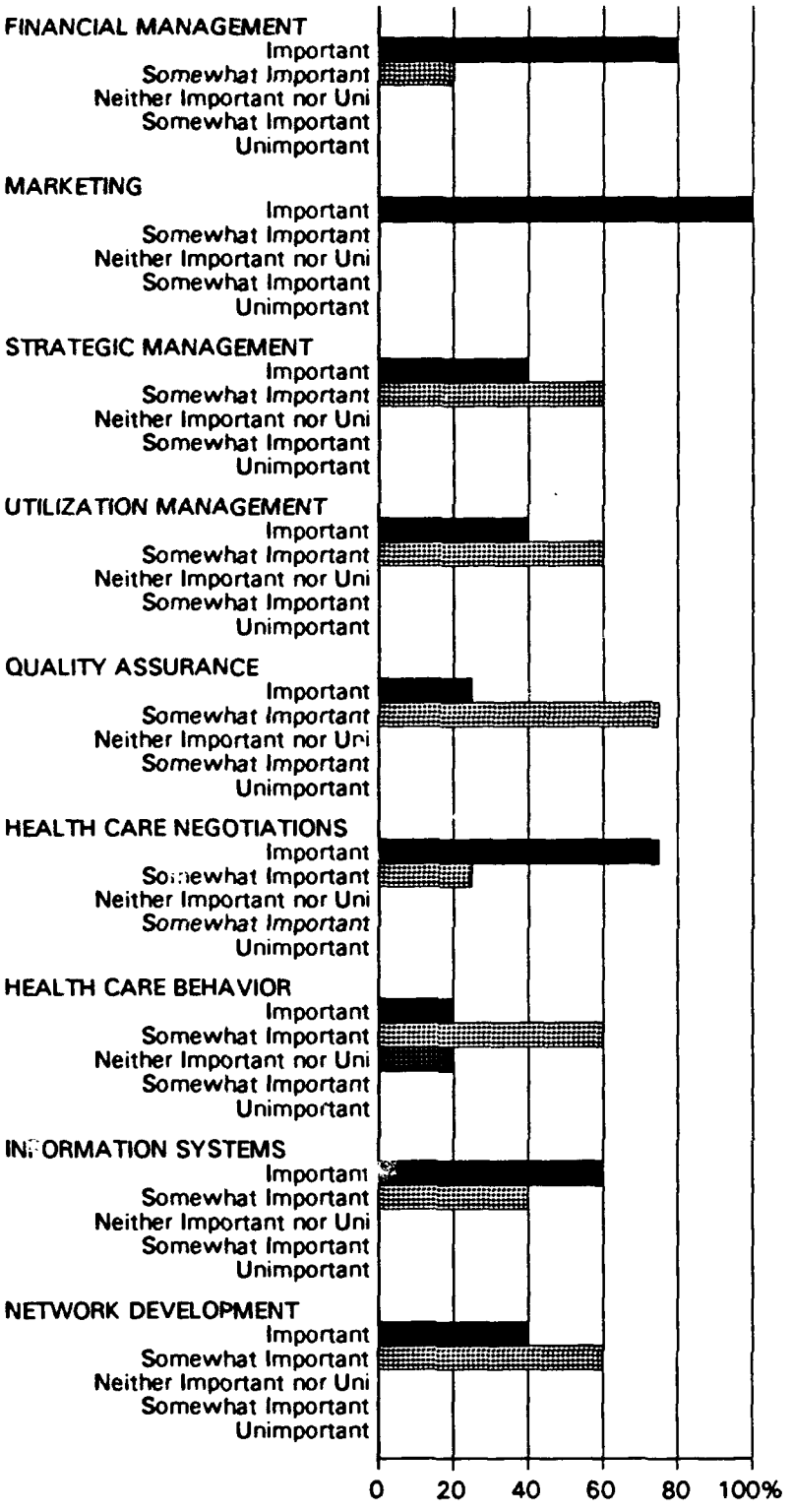
rated almost as highly with 80 percent of respondents classifying these areas as important and the remainder classified the areas as somewhat *important*.

The second question addressed in the survey focused on the level of importance the project officers felt a given subject area actually played in the development and operation of their CAM project (See Figure 2). This question was intended to highlight differences in perceptions of how the project officer felt managed care principles should be employed (the first question) and how they actually were employed, thus highlighting potential areas of improvement.

While marketing retained its 100 percent rating of "important", financial management and contract/health care negotiations dropped slightly to ratings of 80 and 75 percent as important, respectively with the balance of the rating as somewhat important. Strategic management, utilization management and network development each dropped to ratings of 40 percent important and 60 percent somewhat important. Information systems increased to a 60 percent rating of important and 40 percent somewhat important.

Figure 2

How Important Managed Care Principles Actually Were



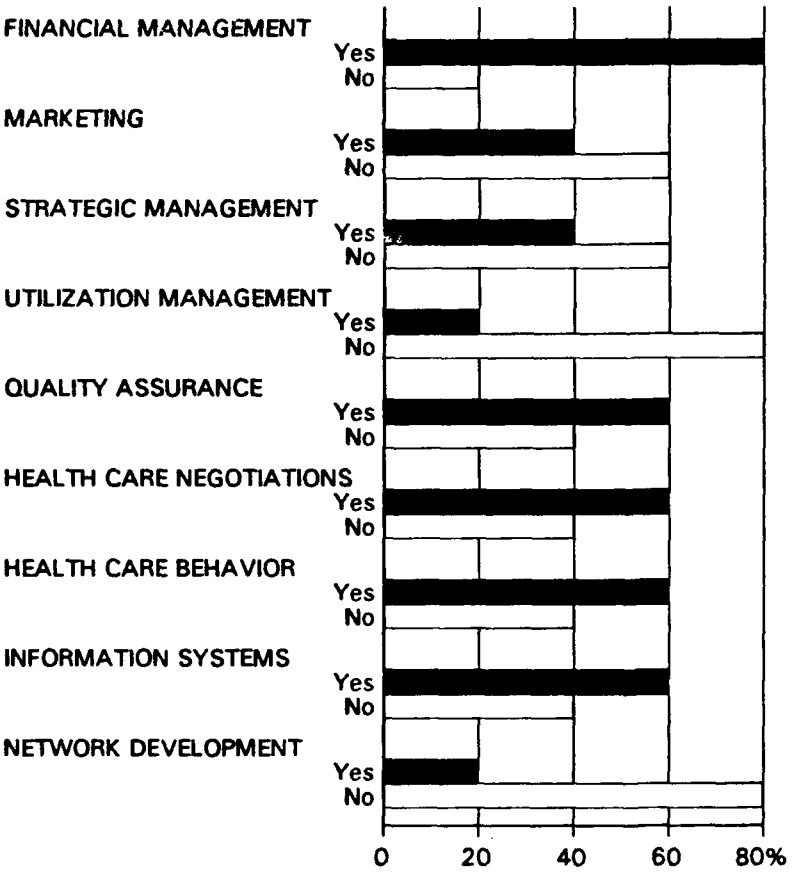
Note: Percentages on 5 forms.

IDENTIFIES HOW IMPORTANT A ROLE THE SKILL ACTUALLY PLAYED IN THE PROJECT OFFICERS' CATCHMENT AREA MANAGEMENT DEMONSTRATION.

The third set of questions in the survey focused on whether the CAM project officers had completed academic courses which devoted a "significant portion" of their focus to the nine key managed care subject areas (See Figure 3). Responses to such questions should serve to highlight our level of preparedness to enter the managed care environment and may suggest needed improvements in our educational system.

Figure 3

Formal Education In Managed Care Skills



Note: Percentages on 5 forms.

IDENTIFIES PROJECT OFFICERS WHO HAD PREVIOUSLY RECEIVED SOME FORMAL EDUCATION REGARDING THE IDENTIFIED SKILL AREA.

Eighty percent of the officers had completed courses in financial management and 60 percent of the officers had completed courses in each of quality assurance, health care negotiations, health care behavior, and information systems. Only 40 percent of the officers had completed courses in either marketing or strategic management and only one officer reported having completed a course in either utilization management or network development.

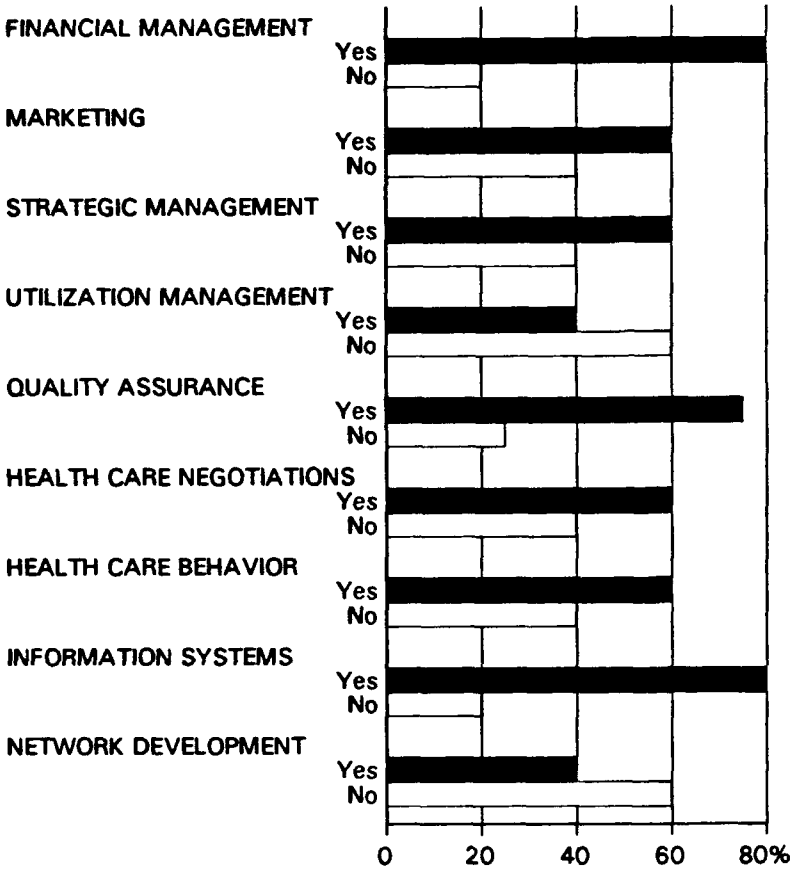
The final objective question addressed whether the CAM project officers had ever had an opportunity in previous assignments to work in a job which allowed them to gain an understanding of concepts relative to the nine managed care subject areas (See Figure 4). Responses to this question may indicate whether there are opportunities within the MHSS to develop such an experience base and whether the MHSS is making appropriate use of what experienced officers are available.

Eighty percent of the officers had previous work-related exposure to financial management and information systems while 75 percent of the responding officers had work-related exposure to quality assurance programs. Sixty percent of the officers had prior work experience with marketing, strategic management, health

care negotiations, and health care behavior while only 40 percent head previous exposure to concepts relative to utilization management or network development.

Figure 4

Prior Experience In Managed Care Areas



Note: Percentages on 5 forms.

IDENTIFIES OFFICERS WHO HAD SOME PREVIOUS WORK EXPERIENCE IN THE IDENTIFIED SKILL AREAS.

Subjective Responses

Open-ended responses were provided for on questions D (to identify the nature of the work experience) and E which asked for recommendations as to how our health care system might better prepare "future coordinated care managers" with regard to each of the nine subject matter areas. Of the 45 possible responses to work related experience (question D), 28 responses (62 percent) identified previous work-related experience in the identified subject matter areas. Thirty-seven responses were obtained regarding recommendations on how we might better prepare future coordinated care managers. These responses will be discussed more fully in the discussion section.

In an effort to preclude unduly restraining responses, survey respondents were provided a blank form which allowed them to identify any subject matter area they felt may have been important to the development of their CAM demonstration project. Three project officers identified one such area each. These subject areas included health benefits, managed care principles/alternative delivery systems, and change management.

Four officers provided comments to each of the questions regarding improvements to master's level courses and the final opportunity for comments

regarding coordinated care management skills and training issues. The CAM project officers agreed unanimously that a short course should be developed regarding managed care/coordinated care and all but one agreed that certain preparatory assignments should be required of CAM project officers. The variety of preparatory assignments mentioned included Chief, Patient Administration Division (2); Chief, Clinical Support Division (1); and "hospital/clinic experience" (1).

Demographics

In order to help put the results into better perspective, certain demographic data were collected from the CAM project officers. All officers had obtained master's level degrees. Two officers had their Masters degree in Business Administration (MBA) while three had Master's degrees in Health Care Administration (MHA). No two officers procured their degrees from the same academic institution.

Discussion

The intent of this study was to first extract lessons learned from the civilian managed care experience enabling the construction of a template of managed care principles upon which to assess the military's early experiences in managed care. This

template served as the basis for the construction of the survey which was completed by the five CAM site project officers. Questions on the survey served to elicit, in essence, the level of "agreement" between the civilian and military managed care experiences, albeit on a small scale.

Assuming assessments of successful civilian managed care operations serve as a good model for future military managed care operations, the civilian model should form a solid evaluation tool to gauge future MHSS managed care operations by. Such an assessment should determine whether military healthcare managers have a sufficient educational and experiential background to build an effective skill base with which to manage coordinated care operations.

Assessment of the Employment of Managed Care Principles

The first two questions on the survey served to extract an assessment of the difference between how the project officers thought managed care should be executed within the MHSS and how it actually was employed at their demonstration project. The results indicate a fair amount of difference between how the officers perceived these managed care principles should have been employed and how they actually were employed (Figure 2). This is demonstrated by the higher ratings in importance for seven of the nine managed care

principle areas under the question which asked how important a role each of these principles should have played in their projects.

One area which was not perceived to have played a lesser role in actual CAM operations was marketing which was rated unanimously as important during CAM project operations. While the use of the term "marketing" has frequently been frowned upon in health care systems where care is provided based on statutory requirement, such viewpoints often fail to acknowledge the most fundamental aspects of marketing including market analysis and product design. The strong concurrence of each of the project officers serves to highlight the importance of this key function in the development and operation of managed care enterprises.

Only one area, that of information systems, was perceived to be more important during operations than the officers estimated that it should have been. This finding may serve to highlight what might be called the "shock" of those being exposed to managed care operations of just how information intensive this process can become. Boland (1991) described intelligent information, largely derived from utilization review and claims systems, as being the key resource for health care systems in the 90's.

The project officers rated seven areas as having been less important during actual CAM operations than they believed these areas should have been. This finding may serve to highlight areas where improvements in policy and operations need to be made.

The greatest differences between the "ideal and the real" assessments of the project officers were in the areas of strategic and utilization management. In each of these areas, forty percent of respondents reduced the ratings of importance to "somewhat important" during CAM operations. Clearly, it is felt that emphasis is lacking in these areas despite their acknowledged importance to operational success. Perhaps strategic management and utilization management offer us the greatest opportunities for improvement in the MHSS' pursuit of coordinated care.

Other areas which were perceived as suffering from a more modest decrement in level of importance in CAM operations included financial management, quality assurance, health care negotiations, consumer and provider behavior, and network development. These findings are consistent with the report of the Congressional Budget Office (1991) which highlighted the MHSS' difficulty with both the development of provider networks and provider negotiations.

Assessment of CAM Project Officers' Preparation

In order to assess how well prepared officers of the MHSS are to lead the military into this new environment of managed care, the second segment of the survey assessed the officers' educational and experiential background relative to the nine subject matter areas which formed the principles of managed care.

Educational Background

An interesting comparison is that between the extent of formal education attained by the project officers (Figure 3) and their perceptions of how important a role they felt that subject matter area should have played in the operations of the demonstration projects (Figure 1). There was a strong concurrence in the area of financial management with 100 percent of officers rating this element as important and 80 percent of the officers having completed formal academic training in this area. Perhaps it is more interesting to note that the single officer which lacked a base in financial management, had a much stronger background in information systems - an area which many managed care experts have emphasized as of paramount importance in managed care operations.

Particularly surprising is the finding that although 100 percent of project officers felt marketing

should be (and actually was) important to their programs, only 40 percent of officers had received formal training in this area. Similarly, although 100 percent of officers stated health care negotiations should have been important to their programs, only 60 percent of the officers had received formal training in this area.

A similar training "shortfall" was identified in the area of strategic management where only half of the officers identifying strategic management as important had received training in this area. Of the four officers identifying utilization management as important, only one identified having received formal training in the subject.

Experiential Background

Project officers tended to have a greater experiential than academic background in the nine managed care areas as can be seen by comparing tables 3 and 4. In five of the nine areas, officers reported having prior experience in an area where they had not had previous academic training. This data may suggest that the services, while selecting officers of a relatively well "balanced" backgrounds, may place a modest premium on experience.

Similarly, there is a close match between the officers' experiential background and their perceptions

of how important they felt a given subject area should be (Figures 4 and 1, respectively). This comparison may suggest that assignments to managed care positions may need to be weighted in favor of the officers' experience until such time as the educational base can be developed to ensure officers are adequately prepared to manage such operations.

Conclusion

Is the MHSS training in the correct managed care areas?

One issue this study intended to address is whether the MHSS training programs available to military healthcare personnel covered topic areas which would enable program participants to become effective future managers of coordinated care operations. These topic areas were developed from the civilian managed care literature and were presented as nine key principles in managed care. Out of a possible 45 responses (5 respondents x 9 subject areas) only one response to a subject matter area was tabulated as low as "neither important nor unimportant". All other responses (98%) were in the top two categories of important (73%) and somewhat important (25%). These results an additional degree of validation (beyond that of the survey validation panel) that the correct subject matter areas were assessed. This "operational"

validation allows us to answer the question of whether or not we are training in the right areas.

Figure 3 provides only a moderate affirmation that we are training in the correct areas. Of the forty five responses to questions relating to project officers' academic background, 49 percent (22) of responses indicated that formal training had been received in the nine areas identified as key to managed care. Weakest among these areas were utilization management and network development where only one officer reported having obtained formal education in these areas. Marketing and strategic management were also somewhat weak in that only 40 percent of officers surveyed had received training in these areas. These noted training weaknesses indicate areas of needed change in the MHSS' managed care training programs.

Does the MHSS make appropriate use of experience in their managed care operations positions?

There is relatively strong support to suggest that effective use is made of experienced personnel among those officers assigned as CAM demonstration project officers. Of the 44 responses to questions regarding experience in the nine principle managed care areas, 27 responses were obtained (61%) which indicated that these officers had the appropriate experiential background. While this proportion of experience may

seem low, it must be interpreted in light of the fact that the nature of the experience required in this new realm of managed care was largely unavailable in the MHSS prior to the initiation of these five demonstration projects.

Is the MHSS effectively employing managed care principles?

The answer to this question is revealed in the differences between how the officers felt the demonstration should have performed (Figure 1) and how the project actually "unfolded" (Figure 2). While 75 percent of categories were rated as "should be" important, barely half (54%) of these same subject areas were noted to have actually played an important role in the demonstration project. I would submit that a "perfect score" would result from no difference in ratings between these two scales. Thus a decrement of 21 percent in ratings of importance (75 minus 54) would indicate that we may have had an opportunity to perform better than we did. To quantify this further (perhaps further than it should be quantified given the ordinal data), one might view the absolute level of the MHSS' performance as 72 percent effective (21 divided by 75) regarding the employment of skills in managed care operations.

Certainly, many operational constraints imposed limitations on the ability of any project to perform optimally or according to any ideal model. Among these constraints were short start-up times, staffing shortfalls, non-standard information systems, inability to access certain necessary data, etc.

In answer to the question, "Is the MHSS effectively employing managed care principles?", it appears that our performance to date has been marginal, leaving much room for improvement. The singular area which performed at its anticipated level of importance, marketing, did so in spite of a relatively poor training base - only two of the five officers had previous formal training in marketing.

The greatest shortcomings in the employment of managed care principles noted were in the areas of strategic and utilization management. In both these areas, ratings of "important" dropped from 80 to 40 percent between the real (did play an important role) and the ideal (should have played an important role). The ability to more effectively employ these principles may lie as much in the realm of service policy as it does with a given managed care director. Specifically, if service-level strategic plans do not contain coordinated care objectives, coordinated care operations may falter. Similarly, if MHSS information

systems are incapable of monitoring "industry standard" utilization data both from contracted civilian providers and from providers within the direct care system, it would be quite difficult to employ utilization management principles effectively.

Recommendations

Education

Sixty percent or fewer of CAM project officers did not have any prior formal training in eight of the nine areas identified as key to managed care, despite the fact that each officer was master's prepared. This may indicate that our education programs are not aligned adequately with what we may perceive is the future mission of the MHSS.

I would recommend that some standards be imposed on master's degree programs that are being offered to students of the MHSS. For those officers who might anticipate assignments within the coordinated care area of the MHSS, they could be required to complete courses within their master's programs in each of the areas designated as key to managed care. Academic institutions which offer such courses could be identified centrally through the services' education offices.

The survey respondents indicated unanimously that short courses should be made available in the area of managed/coordinated care. The recommendations for course length ranged from 2 days to 2 weeks and the intended audiences ranged from the hospital executive staff to coordinated care managers and directors of services. I would concur that such short courses are necessary not only to establish an initial basis of understanding regarding the principles of managed care but also to update managers in the field regarding new trends, methods of operating, etc.

Given that each of the five current CAM demonstration project officers had completed master's level training and continued to have training shortcomings in several of the key managed care areas, I would recommend that the entry-level degree for managed care program administrator be the master's degree. I do not believe the nature of the degree, whether it is an MBA, MHA, the Master's in Public Health (MPH), etc. is pertinent so long as the program can be adapted to include instruction in each of the managed care areas identified in this study.

It is possible that master's programs' residency requirements could be set up to provide for training in one or more of the managed care areas identified. This might be particularly relevant for areas such as

network development, utilization management or quality assurance - subject matter areas which may be more easily learned in an operational rather than an academic environment.

Experience

Assessing the data presented in Figure 4, it appears that the demonstration project officers were as well prepared as could be expected under the circumstances. Their experiential background was reasonably well-aligned with the managed care task at hand. I do not recommend any major changes to the way these assignments are currently being made.

As coordinated care operations expand under the implementation of the Coordinated Care Plan (CCP), there will be more opportunities for junior officers to obtain direct, hands-on experience in coordinated care principles. Such opportunities will provide an exceptional background to possible future assignments as the directors of coordinated care operations.

Effective Employment of Managed Care Principles

The shift from direct care to coordinated care operations in the services is a shift of great magnitude. Major changes in the historical nature of our operations must be undertaken with great speed if we are to execute a successful transition. The nature of the changes needed are essentially those experiences

of successful managed care organizations which were outlined in this study's literature review.

Key changes in policy and operations required for success include establishing systems which can determine the cost of care (by episode of care) provided within the direct care system (we know what the costs of care are to CHAMPUS). Without this information, we can not effectively assess make/buy decisions. Lack of this capability may cause us to make imprudent decisions regarding what care should be retained in the direct care system and what should be contracted for.

Market analysis and other marketing techniques need to achieve greater recognition as key to the effective assessment of our health care environment.

Service strategic plans need to develop goals and objectives which explicitly address coordinated care operations. Such actions at the service level allow subordinate health care activities to focus their operations on these objectives thereby supporting the overall success of the services' health care programs.

Finally, great strides need to be made in the areas of utilization and information management. Current information systems do not allow for assessments of efficient utilization down to physician level within the direct care system. While limited UM

data is available from CHAMPUS fiscal intermediaries, continued improvements need to be made. Identifying efficient practices through the effective use of modern information systems will allow the MHSS to optimize its health care resources.

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Appendix A

COORDINATED CARE MANAGEMENT SKILLS SURVEY

This survey focuses on the skills you acquired prior to coming to work in your present position as the project officer for your Catchment Area Management program. It further attempts to assess the extent to which you believe a certain group of skills was helpful in the performance of your current role. Your remarks regarding how you think we might better prepare coordinated care program managers are solicited. Please feel free to fully describe or explain any of your remarks. Write on the backs of the pages if necessary. Your comments are important to our health care system as they will allow further refinements to our education system ensuring future health care administrators receive the best training possible.

I
FINANCIAL MANAGEMENT

While the area of financial management employs a multitude of concepts, several are particularly pertinent to managing coordinated care systems. Included among these are Cost/Benefit analysis (weighing the quantitative cost of an action against a more subjective benefit which would come as a result of the investment), Break-even analysis (a quantitative determination of the point at which the costs of a project/policy have, in essence, paid for themselves and begin to produce a profit or savings to the business enterprise), Economic Analysis (a basic, but thorough, costing out of all aspects of a policy/program - from training to implementation to retirement and pensions), Business case preparation (essentially the development of alternatives, each accompanied by an economic analysis, and the selection of one of the alternatives based on a set of criteria), and Decision Analysis (which involves a wide array of quantitative techniques which can be employed to assist in organizational decision-making and resource optimization).

A. How important a role should financial management have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has financial management played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to financial management? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of financial management concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage financial activities?

_____

_____

II
MARKETING

The American Marketing Association defines marketing as "...the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives." Within these parameters are a multitude of activities including market assessment through demographically based analyses, determining your beneficiaries' (the people's) needs and what will best satisfy those needs, market segmentation, developing the product, determining the product's cost to the consumer (price), effective distribution (place) of the services or products and promoting health and access to health services.

A. How important a role should marketing have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has marketing played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to marketing? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of marketing concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage marketing activities?

_____

_____

III
STRATEGIC MANAGEMENT

Incorporates an ability to establish and communicate a vision for your activity based on a well-defined mission statement. With the vision providing an overall direction for your efforts, strategic management goes on to develop objectives to strive toward and concrete, time-bound goals along which to measure your overall progress of maintaining your objectives. In order to assess the health care needs of your population and thus develop appropriate objectives and goals, some background in epidemiology is helpful. Translating these clinical needs into an effective plan further requires some background in health care planning. This planning includes the design of an effective evaluation process to determine whether or not the strategic plan is being executed effectively. Organizations employing strategic management concepts often rely heavily on the ability of mid-level managers to understand these concepts and operate in alignment with organizational objectives.

A. How important a role should strategic management have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has strategic management played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to strategic management? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of strategic management concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage within the strategic guidelines of their organizations?

_____

_____

IV
UTILIZATION MANAGEMENT

Utilization Management (UM) addresses both the efficiency and the efficacy of the clinical process. While cost of care is a concern of UM, it has a strong focus on ensuring that clinical outcomes are of a consistently high quality. UM often involves the close review of clinical processes in order to develop clinical guidelines. Such guidelines aid in describing care which is as efficacious (effective, positive clinical outcomes) as it is efficient (a productivity issue, maximizing outputs while minimizing inputs). Processes frequently associated with UM include outcomes analysis or outcomes management and case management.

Often included as a component of UM is Utilization Review (UR). While the role of UR has often been associated with payors in their requirements for pre-authorizations, second opinions, extended stay reviews, etc., many of these "tools" are being incorporated into effective UM programs. Such programs now focus more closely upon the medical necessity of the care provided as well as whether care is being provided at the appropriate level (inpatient versus outpatient, etc.).

A. How important a role should UM have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has UM played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to UM? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of UM concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage UM activities?

_____

_____

V
QUALITY ASSURANCE

While many health care activities include both UR and UM as components of their Quality Assurance (QA) programs, I have separated them here for convenience. This leaves the field of QA concerned primarily with the structure, process and outcomes in clinical environments. Activities in this area include validating providers credentials, privileging hospital staff, patient care assessment, and review of standards of care. As our healthcare system evolves into a more consumer-oriented system, a relatively new descriptor of quality has been designated as patient satisfaction. A multi-variate component of quality, patient satisfaction is often related to the consumer's ability to access care, the cost of care (to the consumer), and the perceived quality of care (not necessarily related to the clinical quality of care).

A. How important a role should QA have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has quality assurance played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to quality assurance? Yes No

D. In <u>previous</u> assignments, have you had the opportunity to work in areas where you were able to gain an understanding of QA concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage QA activities?

_____

_____

VI
HEALTH CARE/CONTRACT NEGOTIATIONS

Involves the ability to reach equitable agreements regarding the procurement of healthcare resources. Requires some background in the technique of negotiation, knowledge of the legal and regulatory issues in healthcare (i.e., anti-trust law, contract law, federal acquisition regulation (FAR), etc.), and some demographic knowledge of the community, county, & state healthcare systems (density of providers by specialty, bed occupancy status of hospitals, etc.). Increasingly requires knowledge of the operational constraints of the entities you are negotiating with in order to develop win-win scenarios based on principled negotiations (There is little acclaim to getting a huge discount if it puts your partner out of business in three months.).

Further involves developing incentives which can attract and retain quality physicians. This includes being able to guarantee patient volume for discount (based on firm projections) to the provider, developing incentives for efficient management of patients (lower hospitalizations per 100 visits, lower number of ancillary procedures per 100 visits, etc.) and for the efficacious treatment of patients (fewer repeat visits for same complaint, repeat hospitalizations, etc.)

Reimbursement Methodologies: In order to reimburse your network providers fairly, a reasonable understanding of reimbursement methodologies may be required. Among such methodologies are:

-Hospital/Inpatient: Fee-for-service (FFS), Cost plus, discounted charges, per diem, per diem by specialty, per diem by DRG, per DRG, per discharge, capitation, etc.

-Providers/Outpatient: FFS, discounted fees, capped fee schedule, capped fee schedule with withhold (risk pools), primary care capitation, full capitation, etc.

A. How important a role should your knowledge of negotiations have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role have negotiations played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to negotiating practices? Yes No

D. In <u>previous</u> assignments, have you had the opportunity to work in areas where you were able to gain an understanding of negotiation concepts and techniques? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to negotiate successful health care agreements?

_____

_____

VII
BEHAVIOR: HEALTH CARE PROVIDERS AND CONSUMERS

Humans are complex entities. Sometimes a concept which makes perfect economic sense to a benefits manager(i.e., "preferred providers"), is abhorrent to a beneficiary ("What do you mean I can't keep seeing the doctor who has been caring for my family since I was born!"). Health-related behavior is addressed within such fields as medical sociology, healthcare economics, and health policy.

Physician behavior is often driven by many more strongly entrenched variables than that of the average person. These behaviors are perhaps formed through the years of rigorous preparation for medical practice, and the often hostile environment in which they practice. Insight into the constructs of this behavior might be obtained through awareness of the graduate medical education system, barriers to entry into private practice (i.e., the costs of setting up a medical practice, malpractice insurance), medicare and medicaid regulation of physician reimbursement, and other impacts of health care politics and policy on the physician's practice environment.

A. How important a role should your knowledge of healthcare provider and consumer behavior have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has your knowledge of healthcare provider and consumer behavior played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to the behavior of providers and consumers of healthcare? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of concepts relating to the behavior of providers and consumers of healthcare and techniques for changing these behaviors? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to understand and help to modify the behavior of healthcare providers and consumers?

_____

_____

VIII
INFORMATION SYSTEMS

The management of modern healthcare systems requires the use of massive amounts of detailed data enabling us to arrive at management decisions regarding the quality and practice of health care. In the absence of computers, it seems an impossible task. Ability to maximize the potential of available information systems may be essential to our ability to manage an effective and efficient health care system. Essential skills in automation might include ability to develop and understand spreadsheets, as well as the ability to request and interpret reports from most of the following systems: MEPRS, AQCESS, EAS III, DEERS, RAPS, MAPS, CAPS, DMIS, WMSN, CHUMS, CHCS, etc. In addition to having a working familiarity with these systems which are a part of our own healthcare system, we may also need limited knowledge of the reports that are available from systems which are affiliated with ours. Such systems would include those of our fiscal intermediaries and other contractors.

A. How important a role should knowledge of information systems have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has knowledge of information systems played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to healthcare information systems? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of concepts and issues relative to healthcare information systems? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to manage information from healthcare information systems?

_____

_____

IX
NETWORK DEVELOPMENT

The effective integration of healthcare networks involves such a broad range of disciplines that it may warrant designation as a skill in its own right. Included in this area are components of marketing (determining what volume of patients will require care in excess of the capacity of your MTF), QA (ensuring a solidly credentialed provider group), UM (assuring an efficient and efficacious practice), negotiations (developing a win-win situation), information systems (can your systems track network provider workload/costs closely enough to tell whether they are saving or costing you money?), etc. Knowledge of how to phase in enrollment may be required in order to prevent over-burdening network providers and ensuring enrollees appropriate access to promised care. Knowledge of the various healthcare entities such as HMO, PPO, IPA, EPA, EPO, etc. provides latitude regarding your healthcare systems options regarding who your various business partners might be.

A. How important a role should knowledge regarding the development of healthcare networks have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has knowledge regarding the development of healthcare networks played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to the development of provider networks? Yes No

D. In previous assignments, have you had the opportunity to work in areas where you were able to gain an understanding of concepts and issues relative to the development of healthcare networks?
Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to effectively develop healthcare networks?

_____

_____

YOUR QUESTIONS

I am a blank question set for your potential use. While I made an effort to include areas which I believe are most important to managed care enterprises, your experience may identify other significant areas I have failed to mention. Please note however, that it was not the intent of this survey to identify general management skills, but rather to identify those skills which apply specifically to the managed care aspects of your health care program. Please fill in the blanks in order to respond to these "self-directed" questions. If you have more than one area, feel free to copy additional pages of this blank question form.

COORDINATED CARE SKILL AREA

_____

DEFINED:

_____

_____

_____

A. How important a role should knowledge of _____ _____ have played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

B. How important a role has knowledge regarding _____ played in your CAM demonstration project?

Unimportant	Somewhat Unimportant	Neither Important nor Unimportant	Somewhat Important	Important
_____	_____	_____	_____	_____

C. Prior to your assignment as a CAM project officer, had you completed an academic course which devoted a significant portion of its focus to _____? Yes No

D. In <u>previous</u> assignments, have you had the opportunity to work in areas where you were able to gain an understanding of concepts and issues relative to _____? Yes No

What was the nature of this experience (if applicable)?

_____

E. How do you think we might better prepare future coordinated care managers with regard to their ability to effectively develop skills relative to _____?

_____

_____

OPEN-ENDED QUESTIONS

1. What improvements do you think could be made to master's level courses to help our transition into managed/coordinated care?

_____

_____

_____

_____

_____

2. Do you think that a short course in managed care/coordinated care should be developed? Yes No

Who should attend?

_____

How long should it be?

_____

3. Do you think that certain preparatory assignments should be required prior to placing a coordinated care project officer in a coordinated care program? Yes No

Which assignments should be mandatory?

_____

YOUR TURN

I know the survey has been lengthy, but would like you to take this opportunity to express any other thoughts or ideas you may have regarding coordinated care management skills. Specifically, please address any thoughts you have regarding what skills are required, which were well trained, which were not well trained, how training programs might be adapted or constructed to meet the challenges of the future of coordinated care, etc. The more lengthy your response, the better!

Appendix B

SURVEY SUMMARY

I. FINANCIAL MANAGEMENT

A. HOW IMPORTANT SHOULD FINANCIAL MANAGEMENT HAVE BEEN?

100% Important
0.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS FINANCIAL MANAGEMENT?

80.0% Important
20.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN FINANCIAL MANAGEMENT?

80.0% Yes
20.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

80.0% Yes
20.0% No
0.0% No Answer

II. MARKETING

A. HOW IMPORTANT SHOULD MARKETING HAVE BEEN?

100% Important
0.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS MARKETING?

100% Important
0.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN MARKETING?

40.0% Yes
60.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

60.0% Yes
40.0% No
0.0% No Answer

III. STRATEGIC MANAGEMENT

A. HOW IMPORTANT SHOULD STRATEGIC MANAGEMENT HAVE BEEN?

80.0% Important
20.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS STRATEGIC MANAGEMENT?

40.0% Important
60.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN STRATEGIC MANAGEMENT?

40.0% Yes
60.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

60.0% Yes
40.0% No
0.0% No Answer

IV. UTILIZATION MANAGEMENT

A. HOW IMPORTANT SHOULD UTILIZATION MANAGMENT HAVE BEEN?

80.0% Important
20.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS UTILIZATION MANAGEMENT?

40.0% Important
60.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN UTILIZATION MANAGEMENT?

20.0% Yes
80.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

40.0% Yes
60.0% No
0.0% No Answer

V. QUALITY ASSURANCE

A. HOW IMPORTANT SHOULD QUALITY ASSURANCE HAVE BEEN?

40.0% Important
40.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
20.0% No Answer

B. HOW IMPORTANT WAS QUALITY ASSURANCE?

20.0% Important
60.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
20.0% No Answer

C. PREVIOUS EDUCATION IN QUALITY ASSURANCE?

60.0% Yes
40.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

60.0% Yes
20.0% No
20.0% No Answer

VI. HEALTH CARE/CONTRACT NEGOTIATIONS

A. HOW IMPORTANT SHOULD HEALTH CARE/CONTRACT NEGOTIATIONS HAVE BEEN?

80.0% Important
0.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
20.0% No Answer

B. HOW IMPORTANT WAS HEALTH CARE/CONTRACT NEGOTIATIONS?

60.0% Important
20.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
20.0% No Answer

C. PREVIOUS EDUCATION IN HEALTH CARE/CONTRACT NEGOTIATION?

60.0% Yes
40.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

60.0% Yes
40.0% No
0.0% No Answer

VII. BEHAVIOR: HEALTH CARE PROVIDERS AND CONSUMERS?

A. HOW IMPORTANT SHOULD BEHAVIOR HAVE BEEN?

40.0% Important
40.0% Somewhat Important
20.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS BEHAVIOR?

20.0% Important
60.0% Somewhat Important
20.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN BEHAVIOR?

60.0% Yes
40.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

60.0% Yes
40.0% No
0.0% No Answer

VIII. INFORMATION SYSTEMS

A. HOW IMPORTANT SHOULD INFORMATION SYSTEMS HAVE BEEN?

40.0% Important
60.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WERE INFORMATION SYSTEMS?

60.0% Important
40.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN INFORMATION SYSTEMS?

60.0% Yes
40.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

80.0% Yes
20.0% No
0.0% No Answer

IX. NETWORK DEVELOPMENT

A. HOW IMPORTANT SHOULD NETWORK DEVELOPMENT HAVE BEEN?

60.0% Important
40.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

B. HOW IMPORTANT WAS NETWORK DEVELOPMENT?

40.0% Important
60.0% Somewhat Important
0.0% Neither Important nor Unimportant
0.0% Somewhat Important
0.0% Unimportant
0.0% No Answer

C. PREVIOUS EDUCATION IN NETWORK DEVELOPMENT?

20.0% Yes
80.0% No
0.0% No Answer

D. PREVIOUS EXPERIENCE?

40.0% Yes
60.0% No
0.0% No Answer